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## BIB DATA SHEET

CONFIRMATION NO. 8396

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/672,315	09/26/2003	604	3766	279.261US2		
<b>RULE</b>						
<b>APPLICANTS</b> Robert J. Sweeney, Woodbury, MN; Avram Scheiner, Vadnais Heights, MN; Ronald W. Heil JR., Roseville, MN; <b>** CONTINUING DATA *****</b> OK BTG 2/12/2008 This application is a CON of 09/740,258 12/18/2000 PAT 6,628,985 and is a CIP of 09/999,260 11/30/2001 PAT 7,201,733 which is a CON of 09/422,433 10/21/1999 PAT 6,361,522 <b>** FOREIGN APPLICATIONS *****</b> NONE BTG 2/12/2008 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/18/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /BRIAN T GEDEON/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
			MN	3	18	2
<b>ADDRESS</b>						
SCHWEGMAN, LUNDBERG & WOESSNER, P.A. P.O. BOX 2938 MINNEAPOLIS, MN 55402 UNITED STATES						
<b>TITLE</b>						
Data logging system for implantable medical device						
<b>FILING FEE RECEIVED</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
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